

# MSP Crime Laboratory - Quality Assurance Manual

## MSP Crime Lab Testimony Review Form (page 1 of 2)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Lab #: \_\_\_\_\_

Prosecuting Attorney: \_\_\_\_\_

Defense Attorney: \_\_\_\_\_

Judge: \_\_\_\_\_

County: \_\_\_\_\_ Superior/District: \_\_\_\_\_

Commonwealth vs. \_\_\_\_\_

Time on Stand:

Direct \_\_\_\_\_ Cross \_\_\_\_\_ Redirect \_\_\_\_\_ Recross \_\_\_\_\_

Type: ☐ Arson/Explosives ☐ Crime Scene ☐ Criminalistics (specify) \_\_\_\_\_

☐ DNA ☐ Drugs ☐ Evidence Handling ☐ OUI ☐ Toxicology

### I) Appearance/Demeanor

Clothing	
Facial Expression	
Posture	
Eye Contact	
Poise	
Confidence	
Gestures	
Voice	
Neatness	

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### II) Responsiveness

Easy to Understand	
Speed of Response	
Briefness / Brevity	
Volunteer Information	
Request Clarification	

### III) Technical Knowledge

Technical accuracy	
Technical persuasiveness	
Limited to area of expertise	
Convey scientific concepts in understandable terms	
Qualified as expert	
Opinions rendered	
Defense of reported conclusions	

Comments:

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Date of Witness/Reviewer meeting: \_\_\_\_\_

Witness's Comments: \_\_\_\_\_

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Technical Manager(s) Signature & Date: \_\_\_\_\_